

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Drilling Fluid Filter																						
Application Number :																							
Date :																							
First Named Applicant:	Mr. David R. Hall																						
Attorney Docket Number:	66.0078																						
TOTAL FEE AUTHORIZED \$ 806																							
Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as large entity																							
BASIC FILING FEE																							
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4" style="text-align: right;">Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770	Subtotal For Basic Filing Fees: \$ 770											
Fee Description	Fee Code	Amount \$	Fee Paid \$																				
Utility Filing Fee	1001	770	770																				
Subtotal For Basic Filing Fees: \$ 770																							
EXTRA CLAIM FEES																							
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 22</td><td>2</td><td>1202</td><td>18</td><td>36</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="5" style="text-align: right;">Subtotal For Extra Claims Fees: \$ 36</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 22	2	1202	18	36	Independent Claims : 1	0	1201	86	0	Subtotal For Extra Claims Fees: \$ 36				
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																			
Total Claims : 22	2	1202	18	36																			
Independent Claims : 1	0	1201	86	0																			
Subtotal For Extra Claims Fees: \$ 36																							
AUTHORIZED BILLING INFORMATION																							
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																							
Deposit account number:	180584																						
Access Code	*****																						
Deposit name:	Reed Tool Co.																						
Deposit authorized name:	Mr. Jeffery E. Daly																						
Signature:	/Jeffery E. Daly/																						
Date (YYYYMMDD):	2004-09-28																						
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																							